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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-30)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION
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MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE
CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO
MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:

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HEADLINE: NNMC Corpsman to the Rescue

NNMC Bethesda, MD (NSMN) -- HM3 Donna Rego is so embarrassed
she could die. All this fuss, all this attention, all the
accolades, ... over nothing.

Nothing?

After all, all she did was get help for a pregnant woman who
had passed out in an elevator, a woman who, it turns out, was
also a diabetic. At the same time, Rego saw to it that the
woman's 3-year-old twins were taken care of when she was taken to
the emergency room.

No big deal. No big deal at all, according to Rego.

Not the case at all, according to the patient, Denise Henry.

"I was able to give her my name and let her know I am a
diabetic and pregnant. She kept calling my name, letting me know
that help was on the way and that my children were being taken
care of. I don't know what would have happened without her."

What happened was this. When Rego was in the elevator area
of the visitor's parking garage at National Naval Medical Center
(NNMC) on 13 June, the elevator door opened and inside she saw a
woman lying face-down on the floor while two small, very
distressed children stood next to her. "They started running
toward me, so I ran to them. I didn't want them getting away and
into the parking garage where they might have gotten hit by a

car."

She set the elevator door so it wouldn't close, then asked a woman nearby to hold onto the kids while she called for a response team. Then she helped the patient turn over onto her back and checked her out for any obvious problems, such as bleeding. "Can you hear me?" Rego asked, then added that help was on the way. The patient was able to faintly answer, and that was when Rego found out the patient was both pregnant and a diabetic. "I asked her if she regularly took insulin, and she said yes. I then ascertained that she had taken it that morning. We didn't talk very much except I introduced myself and let her know that help was on the way."

She left the scene after the response team arrived and she saw that the children were being taken care of by a priest. She then went to the command duty officer's desk to make arrangements for their care. "I gave my report to Chief Hoey, and phone calls were made. I left the CDO's desk with the intention of taking the children away from the scene but, by the time I got back, a woman identified as Mrs. Fitz had responded from the nursery and was leading the children away. Then I went back to the CDO's desk and filed my report. The patient's husband, ET1 Thomas Henry, had been informed of the event."

The medical staff that had arrived took the woman off to the emergency room, and that was the last Rego saw of anyone involved. It was after that the whole thing took on a life of its own, a life that Rego doesn't understand because she was only, she says, doing what the Navy had trained her so well to do.

"Navy training is the best. We are constantly drilled here, so it's not a scary thing when something like that happens. The reinforcement and ongoing training we receive is so important."

She also gives credit to the response team that arrived on the scene so promptly. "They were there in what seemed like seconds. It was just the warmest feeling to know that people would respond that quickly. They are phenomenal people, every single one of them."

Denise Henry, the patient Rego helped, feels the same way about Rego: "She was wonderful. I never even had a chance to thank her for helping me out, she just disappeared. I want to thank her now."

Story by Teal Ferguson, National Naval Medical Center

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HEADLINE: Minimally Invasive Methods 'Revolutionizing' Surgery

NAVHOSP Pensacola, FL (NSMN) -- The minimally invasive surgical techniques used in Laparoscopic Cholecystectomies is being applied to other general surgery procedures and is "revolutionizing the practice of surgery today," said a U.S. Navy surgeon assigned at Naval Hospital Pensacola.

Laparoscopic Cholecystectomy -- or better known in the land of surgery as a "Lap Choly" -- has become widely popular over the past five years in the treatment of gallstones. "It has now become the standard of care," said LCDR Hans A Brings, MC, one of four experienced surgeons using the minimally invasive techniques

at the naval hospital.

"Due to shorter hospital stays, less patient discomfort and a faster return to work, this technology -- also known as video surgery because doctors are watching a TV monitor while operating -- has rapidly been applied to other general surgery procedures such as hernia repair, appendectomies, anti-reflux surgery, and even colon surgery," said Brings.

Laparoscopic surgery's minimally invasive techniques refer to the fact that procedures are done through a modest incision -- about one half-inch in length -- near the navel. It is used for insertion of the laparoscope (or videocamera). Three other smaller punctures are used for inserting grasping forceps, clip applicators and dissectors. As a prelude to surgery, carbon dioxide is pumped into the abdomen to separate the muscles from the organs below.

What are the differences between the open-abdomen and laparoscopic surgery?

-- The open abdomen surgery leaves a six-inch scar, requires a three- to five-day stay in the hospital, could take up to six weeks of recovery, and there's considerable post-operative pain.

-- Using the laparoscopic surgery techniques, the surgeon seals the incisions with a band-aid-like adhesive tape, thereby reducing surgical scars. A patient usually spends one night in the hospital and can go back to work within a few days. The only likely discomfort would be a couple of days of abdominal cramps caused by leftover carbon dioxide, which the body is absorbing.

"With the support that has been provided by Naval Hospital (Pensacola), and our ongoing training of technicians and nurses, we're on the cutting edge in laparoscopic surgery and surgical training," said Brings. "And in northwest Florida, this hospital is in the forefront."

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HEADLINE: Chiropractic Care Program Coming to Military Medicine

BUMED Washington (NSMN) -- The Navy's first Chiropractic Care Program is scheduled to start at Naval Hospital Jacksonville, FL, beginning in August 1995. This program, which is expected to offer services by the end of the year, kicks off a three-year multiservice demonstration project.

Ten military medical treatment facilities will participate in the program during 1995 through 1997. Naval Hospitals Jacksonville; Camp Lejeune, NC; and Camp Pendleton, CA, will serve as test sites representing the Navy in the Chiropractic Care Program. Chiropractic care will also be offered at other treatment facilities across the country on Army and Air Force Bases, including Fort Benning, GA; Fort Carson, CO; Fort Jackson, SC; Fort Sill, OK; Scott AFB, IL; Travis AFB, CA; and Offutt AFB, NE. Each Chiropractic Care Program will include a staff of two civilian chiropractic doctors and two clinical/administrative support personnel. Each installation that is participating in the demonstration project will locally announce when it will start seeing patients and how to get appointments.

An important part of receiving chiropractic care is meeting the screening criteria. Chiropractic care will be provided to

eligible beneficiaries who meet clinical screening criteria for spine-related neuromusculoskeletal problems.

A chiropractor treats the spine, including vertebrae, discs, nerves, muscles and ligaments. Some of the symptoms treated by the chiropractor are tenderness, pain, swelling, restricted range of motion, misaligned vertebrae, arthritis and disease of the spine. Orthopedic, neurological, palpation tests, and X-rays are used in diagnosis. Chiropractic care incorporates spinal care and realignment, exercise, good nutrition and stress management. In a nationwide Gallup study, nine of 10 chiropractic patients felt their treatment was effective.

Chiropractors believe that with a normally functioning spine, the body is better able to heal. The spinal cord, protected by the spine, is the main pathway of the nervous system, controlling feeling, movement and function throughout the body. Designed to support your weight and protect the spinal cord, the spine is the vital link between the brain and the nervous system, affecting the entire body.

Becoming a chiropractor requires a minimum of six years of education and training in science and health care, leading to a doctor of chiropractic (DC) degree.

The new Chiropractic Health Care Demonstration Program was created by the 1995 National Defense Authorization Act, which directed the Secretary of Defense to evaluate providing chiropractic care through the MTFs of the armed forces. The three-year demonstration program will be run by the Office of the Assistant Secretary of Defense for Health Affairs.

Delegates from chiropractic professional organizations, the Department of Defense, Surgeons General of the services, and General Accounting Office will develop and conduct the Chiropractic Care Program. This Oversight Advisory Committee will provide treatment protocols, credentialing standards and implementation guidelines, prepare reports and evaluate the program.

Story by Ann Kirby, Bureau of Medicine and Surgery

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HEADLINE: Navy Centralized Credentialling Program Comes of Age

HSO Jacksonville, FL (NSMN) -- The Navy's Centralized Credentials Review and Privileging Activity (CCPA), operated under the aegis of the Naval Healthcare Support Office, Jacksonville, FL, has come of age.

Opened in August 1993, the CCPA this April hosted 12 Army Medical Department officers who hope to do for the Army National Guard and the Army Reserve what the CCPA has done for the Navy Reserve -- namely, a more effective way of providing high quality medical care. Next week, CCPA will host 20 Army representatives for a second working visit to the Activity.

Credentials review and privileging is the process by which a health care provider, civilian or military, is formally determined "fit" to practice medicine. In the civilian world, providers are required to obtain their privileges at each medical facility they treat patients in. The Navy has a unique program in which privileges (known as "core privileges") need only be

obtained at one time. Privileged providers (doctors, nurse practitioners, dentists, etc.) can then exercise their core privileges in any Navy treatment facility.

Because Medical Department Reservists practice mostly in the civilian world, and report to many different Navy medical and dental treatment facilities for their active duty service, it has been difficult for Navy facilities to maintain their individual credentials files (ICFs) and individual professional files (IPFs) and authorize privileges. The CCPA was established to maintain current files on all Naval Reserve health care providers worldwide. This month, two years after it opened, the CCPA has an ICF or IPF on every Navy Reserve provider, by specialty. Prior to August 1993, either the Naval Readiness Command or the individual medical and dental activities to which the providers were assigned were responsible for these files. This often resulted in unnecessary delays of Reserve providers seeing patients.

By establishing a centralized credentials center -- the CCPA -- Navy Medical Department Reserve providers no longer have to wait to see patients. Thus, more patients are seen and provider time is better used. This is particularly significant when considering that there are more than 4,000 Selected Reserve providers available to provide peacetime support.

Born out of lessons learned from Operation Desert Storm, CCPA has greatly enhanced Naval Reserve readiness and mobilization.

As a result of the success of this program, the only one of its kind world-wide, the Navy was recently appointed as the executive agent for the development of the Department of Defense Centralized Credentials Quality Assurance System (CCQAS). The repeated visits of Army representatives signal the beginning of a new era in the triservice credentialing arena.

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HEADLINE: Navy Medical Involvement in JTFEX 95-3

COMSECONDFLT (NSMN) -- Navy medicine contributed significantly to the recent U.S. Atlantic Command training exercise "Joint Task Force Exercise 95-3." The two-week exercise took place from military installations ashore and afloat along the East Coast from Virginia to Florida. JTFEX 95-3 was executed and controlled from aboard the command and control ship USS Mount Whitney (LCC 20) by commander, Second Fleet, VADM Jay L. Johnson, who served as commander, Joint Task Force 950.

With 18,000 joint service personnel from all services, the JTFEX 95-3 served as the final stage in preparing the USS America (CV 66) Battle Group and USS Wasp (LHD 1) Amphibious Ready Group for their upcoming deployment.

Joint Task Force medical representatives included the senior medical officer aboard America, CDR Deny Robe, MC, as Naval Forces Surgeon; the officer in charge of Mobile Medical Augmentation Readiness Team 4 from National Naval Medical Center, Bethesda, MD, CDR Jim Frame, MC, as the commander, Amphibious Task Force (CATF) surgeon; and CDR Laurie Balagurchik, MC, from Marine Forces, Atlantic, as the Marine Forces Surgeon.

Navy Medical personnel from Mount Whitney, USS South Carolina (CGN 37), USS Whidbey Island (LSD 41), USS Shreveport (LPD 12) and Marines from the 26th Marine Expeditionary Unit (MEU) were also involved.

Medical reporting and mission essential scenario lists emphasized medical communication, preventive medicine, medical intelligence and patient regulation. Medical personnel at Naval Hospital Cherry Point, NC, supported a U.S. Army battalion-sized nighttime parachute assault on Marine Corps Air Station Cherry Point by elements of the XVIII Airborne Corps. Medical personnel at Naval Hospital Camp Lejeune, NC, and Naval Medical Center Portsmouth, VA, provided real-world medevac support.

JTFEX 95-3 provided members from all services with training that will prove invaluable during real-world contingencies. Story by CAPT Bruce Bohnker, MC, Second Fleet Surgeon

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HEADLINE: Navy Medical Department People Involved in Operations BUMED Washington (NSMN) -- The Navy Medical Department continues to support the Navy and Marine Corps team through deployments with the fleet and humanitarian operations. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Sea Signal Phase V

Medical/Dental augmentation personnel: 329

The Navy Medical Department is in full support of Operation Sea Signal. Approximately 53 Medical personnel are deployed to augment U.S. Naval Hospital Guantanamo Bay, Cuba, providing medical treatment for approximately 14,000 Haitian and Cuban migrants, in addition to providing medical support to many afloat platforms. Additionally, 276 Medical and Dental personnel are assigned to CJTF 160. They are currently assuming the mission from the Air Force Air Transportable Hospital for the care and support of the Cuban and Haitian migrants.

Operation Full Accounting

Navy Medical Corps officers and Independent Duty Corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months to support the teams searching for remains of MIAs and POWs in Laos, Cambodia and Vietnam. Independent Duty Corpsmen from Camp Lejeune, NC; Groton, CT; and Mayport, FL, have reported for missions this month.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team Two from Naval Medical Center Portsmouth, VA, and Surgical Team Eight from Naval Hospital Jacksonville, FL, are on routine 48-hour alert for any emergency situations for the month of August.

Surgical Team Five from Naval Medical Center Oakland, CA, is providing medical support for a WESTPAC exercise on board USS New Orleans (LPH 11).

Surgical Team Four from National Naval Medical Center Bethesda, MD, is awaiting deployment in August to provide support for a Mediterranean ARG.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing temporary additional duty support to nine fleet platforms and four OCONUS facilities are 72 Navy Medical Department personnel including those augmenting Guantanamo Bay.

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HEADLINE: HEALTHWATCH: Painful Communication with Your Doctor

USNH Yokosuka, Japan (NSMN) -- Pain is the body's alert system that tells you something is wrong. During a routine medical examination, the physician will ask you to describe the pain as accurately as you can, so it's important that you know how to answer his or her questions.

In describing your pain, begin with the first time you noticed that something was wrong. Inform your doctor of all the things you have done or medicines you have taken to relieve the pain, such as aspirin, Tylenol, or a similar drug. This will help your health care provider make a proper diagnosis.

Describe when the pain began and whether it has moved or spread from where it first started. To help describe the intensity of the pain, try rating it on a scale of one to 10, with "one" being the least amount of pain and "10" being the greatest.

Describing the actual pain is probably the hardest part of the examination, but words like "sore," "achy," "sharp," "dull," "throbbing," and "cramping" are quite helpful. Include in your description, too, whether the pain is constant and what, if anything, makes it better or worse. If the pain is recurring, indicate what seems to make it come and go.

Medically speaking, "pain" is a symptom, while "tenderness" is a sign. This means that pain is what you usually complain of because it is there even when you rest. Tenderness is the pain you or the doctor may produce by touching or pressing parts of your body. Sometimes there is a subtle difference between pain and tenderness, but when you undergo a physical examination, you should be able to distinguish them.

When you visit your medical treatment facility, describe your problem fully and ask questions. So that you don't forget your questions, write them down before you visit your health care provider. Most importantly, don't leave the facility unhappy or dissatisfied.

Patient contact representatives are available in each Navy treatment facility to help patients communicate and resolve unmet needs. Ask for a "patient contact rep" if you have a suggestion, complaint or compliment.

Story by Bill Doughty, U.S. Naval Hospital Yokosuka

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3. Two-month calendar of events, anniversaries and observances:
AUGUST

4 August 1947: Navy Medical Service Corps Established
 6 August: Friendship Day
 6 August 1945: Atomic Bomb Dropped on Hiroshima
 7 August 1990: President George Bush Ordered Military
 Buildup that Became Operation Desert Shield
 7-13 August: National Smile Week
 8 August: Morning (0600-0800) and Night (until 2200)
 Detailing (Washington, DC, time)
 9 August: Spot Promotion Board Convenes
 9 August 1945: Atomic Bomb Dropped on Nagasaki
 10 August: Transfer/Redesignation Applications due to Pers-
 251
 13 August: Family Day
 14 August 1935: Congress Approved Social Security Act
 14 August: Staff Postgraduate Education Board Convenes
 14 August: Dental Corps Duty Under Instruction Board
 Convenes
 14 August: Active Duty Lieutenant Nurse Corps and Medical
 Service Corps Boards Convene
 14 August 1945: President Harry S. Truman Announced Japan's
 Surrender
 14-20 August: Aviation Week
 16 August: National Medical Dosimetrist Day ((402) 330-
 1255)
 21 August: Acquisition Professional Community (APC)
 Selection Board Convenes
 22 August 1912: Navy Dental Corps Established
 22 August: Morning (0600-0800) and Night (until 2200)
 Detailing (Washington, DC, time)
 23 August: Health Unit Coordination Day ((206) 235-1129)
 25 August 1990: 19,423 Naval Reservists Activated for
 Operation Desert Shield
 26 August: Women's Equality Day
 26 August 1920: 19th Amendment to the Constitution passed,
 giving women the right to vote
 31 August 1842: U.S. Navy Medical Department Established
 31 August: O-5, O-2 FitReps Due
 31 August: Reserve O-5 (TAR) FitReps Due
 SEPTEMBER
 Women in Medicine Month ((312) 464-4392)
 National Cholesterol Education Month (National Heart, Lung
 and Blood Institute, (301) 251-1222)
 Leukemia Society Month (1 800 955-4LSA)
 National Pediculosis Prevention Month (1 800 446-4NPA)
 National Sickle Cell Month (1 800 421-8453)
 Children's Eye Health and Safety Month (Prevent Blindness
 America, 1 800 331-2020, Marita Gomez)
 Baby Safety Month (Juvenile Products Manufacturers
 Association, Two Greentree Center, Suite 225, P.O. Box 955,
 Marlton, NJ 08053)
 1-7 September: Child Injury Prevention Week
 2 September 1945: V-J Day -- Japanese Surrender is Signed
 Aboard USS Missouri in Tokyo Bay
 4 September: Labor Day

7 September: E-4 Advancement Exam
10 September: Grandparents Day
10-16 September: Hospital Bed Check Week ((703) 683-8371)
11 September: Naval Reserve Staff Corps Lieutenant and
Lieutenant Commander Boards Convene
12 September: E-5 Advancement Exam
14 September: E-6 Advancement Exam
14 September: Ombudsman Appreciation Day
14 September 1970: Navy Ombudsman Program established by
then-Chief of Naval Operations ADM Elmo Zumwalt
15 September: National POW/MIA Recognition Day
15 September - 15 October: Hispanic Heritage Month
17 September: Citizenship Day
17-23 September: National Health Care Environmental
Services Week ((312) 422-3860)
17-23 September: National Rehabilitation Week ((717) 348-
1498)
23 September, 0813 (EDT): Autumnal Equinox
24 September: Rosh Hashanah (Begins at Sundown)
25 September: Rosh Hashanah (Jewish New Year)
25 September 1690: First Newspaper Published in America
30 September: E-7/E-8 Evals Due
30 September: FitReps Due for Reserve Commanders (except
TAR) and Reserve Lieutenant Commanders
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